



EMERGENCY MEDICAL AUTHORIZATION FORM (this form must be notarized)

I/we understand that no emergency treatment may be given without parental consent except in a life-threatening situation. I/we understand that in the event of a medical emergency every effort will be made to contact the persons I/We have designated to authorize emergency care.

However, in the event that a legal guardian cannot be reached and my child requires emergency medical care, as legal guardian of the student whose name(s) appears below authorize the school Administrator, or her designee to give emergency treatment, to include first aid & CPR by a qualified staff member. Should my child need to be transported to a hospital, I understand and accept responsibility for any charges incurred. In the event my child is well enough to return to Seacoast Christian Academy before I am able to arrive at the emergency room, my child may be released in to the custody and care of the administrator or other designated Seacoast Christian Academy representative, and return to Seacoast Christian Academy.

(Please print the information below and then sign the form before a Notary Public)

Childs Name: _____

Hospital Preference: _____

Physicians Name: _____ Physicians Phone: _____

Medical Insurance (and ID#) : _____

Allergies: _____

OTHER INFORMATION THAT MAY BE IMPORTANT:

In the event of a medical emergency: _____

TELEPHONE NUMBERS:

Mom work: _____ Cell: _____ Home: _____

Dad work: _____ Cell: _____ Home: _____

Parent / Legal Guardian Name: _____

Parent / Legal Guardian Signature: _____

Signed and sworn before me on _____, 20__ by : _____

She/he is personally known to me or has produced _____
As identification.

Notary Public Signature: _____

